

DEFENSE DISTRIBUTION DEPOT TOBYHANNA

STANDARD OPERATING PROCEDURES (SOP)

FOR

POWERED INDUSTRIAL TRUCKS (FORKLIFTS, RAYMOND LIFTS AND MULES)

PURPOSE: To establish the procedures that need to be followed by all Defense Distribution Depot Tobyhanna, Pennsylvania (DDTP) employees when obtaining a license to operate a powered industrial truck (forklift, Raymond lift and/or mules).

GENERAL: Before an employee is licensed to operate a powered industrial truck, the operator shall successfully complete 2-4 hours of formal training and 40 hours On-the-Job Training (OJT). This training shall be under the supervision of person(s) knowledgeable, experienced and properly licensed to train and evaluate operator's competence.

PROCEDURE: To obtain a Defense Distribution Depot Tobyhanna, Pennsylvania (DDTP) license to operate a powered industrial truck (forklift, Raymond lift and/or mule), the following actions must be completed:

- a. Complete AMSEL Form 1331 (OJT Training Record) and return to Tobyhanna Army Depot (TYAD) Motorpool. (Attachment 1)
 - b. Submit a memorandum to TYAD Health Clinic (MCXR-TH, ATTN: Elizabeth Abraham), to schedule a physical for employee. (Attachment 2)
 - c. Submit a memorandum to TYAD Motorpool (AMSEL-TY-EL-M, ATTN: Lee Butler), to schedule the driver's test. (Attachments 3 & 4)
 - d. To meet Occupational Safety and Health Act (OSHA) requirements, the supervisor must contact TYAD Learning Resource Center, Bruce Curnoles, to schedule mandatory (2-hour) Forklift Testing, Self-Paced CD-Rom course. (Attachment 5)
2. A TYAD certified Instructor should conduct an evaluation of performance at least every three years.
 3. Additional refresher training is required when an operator is observed operating the vehicle in an unsafe manner or when involved in an accident or near miss. In this event, the license will be pulled immediately and evaluations, including a two-hour formal training (i.e., physical, interactive computer learning, videotape and review of written materials), will be scheduled within three days.
 4. Additional training will be scheduled when an employee is assigned to drive a different type of truck or the conditions in the workplace change in a manner that could affect safe operations.

REFERENCED DOCUMENTS:

- a. Occupational Safety and Health Act (OSHA) 29 CFR 1910.178.

- b. DLAI 4500.36 (Management, Acquisition and Use of DLA Operating Equipment).
 - c. TYAD Regulation 385-1, (Tobyhanna Army Depot Safety Manual).
5. Point of contact is Thomas P. Mahavits, Defense Distribution Depot Tobyhanna Safety Officer, DSN 795-6603 or email tmahavits@ddc.dla.mil.

DAVID RODRIGUEZ
LTC, USA
COMMANDER

5 Attachments

DISTRIBUTION:

DDC-J-1H (D. Mack)
DDTP-D (LTC Rodriguez)
 (J. Heuberger)
 (MSG Reyes)
DDTP-P (M. Malinak)
 (W. Martinez)
 (T. Mahavits-Safety Officer)
DDTP-R (W. Rosati)
AFGE Local 1647

PREPARED BY:

REVIEWED BY:

THOMAS P. MAHAVITS
DDTP Safety Officer

JOHN J. HEUBERGER
Deputy Commander

DAVID RODRIGUEZ
LTC, USA
Commander

ON-THE-JOB TRAINING RECORD

SUPERVISOR:

TYPE EQUIPMENT:

EMPLOYEE:

ORGANIZATION:

TOTAL TRAINING HOURS:[illegible]

FORM 1331

ATTACHMENT I

DDTP-(Ofc Symbol)

DATE

MEMORANDUM FOR MCXR-TH (ATTN: Elizabeth Abraham)

SUBJECT: Examinations for Material Handling Equipment (MHE) Licenses

Please schedule the following individuals for examinations. The purpose is to certify these employees for MHE licenses. Please contact the undersigned with dates and times when examinations have been scheduled.

LAST NAME

FIRST NAME

SSN

SUPERVISOR'S NAME
TITLE
ORGANIZATION

ATTACHMENT 2

DDTP-(Ofc Symbol)

DATE

MEMORANDUM FOR AMSEL-TY-EL-M (ATTN: Lee Butler)

SUBJECT: Special Equipment Training and Testing for Forklift (6,000 lbs. and Below)

Please schedule the following individuals for Special Equipment Training and Testing for Forklift (6,000 lbs. and below). Please contact the undersigned with dates and times when training has been scheduled.

LAST NAME

FIRST NAME

NSN

SUPERVISOR'S NAME
TITLE
ORGANIZATION

ATTACHMENT 3

OFFICE SYMBOL/PHONE EXTENSION

DATE

SUBJECT: Special Equipment Training & Testing

TO: Driver Testing

1. I certify that _____
NAME GRADE SSN
Has satisfactorily completed the required training and series of performance tests given in accordance with
AR 600-58, TB 600-1, and TADR 56-3, para 6(b), dated 1 June 1978.

TYPER OF VEHICLE AND/OR EQUIPMENT WEIGHT CLASS

2. Request that the above vehicle or equipment be recorded on individual's DA form 348 and SF 46, U.S.
Government Motor Vehicle Operator's Identification Card.

PRINT OR TYPE NAME & GRADE OF
DESIGNATED AND QUALIFIED INSTRUCTOR

SIGNATURE

DATE

APPROVE/DISAPPROVE

CHIEF, MOBILE EQUIPMENT MAINTENANCE & OPERATIONS DIVISION

ATTACHMENT 4

DDTP-(Ofc Symbol)

DATE

MEMORANDUM FOR AMSEL-TY-BU-T (ATTN: Bruce Cumoles)

SUBJECT: Forklift Safety Course (Self-Paced CD-ROM Course)

Please schedule the following individuals for Forklift Safety training (Self-Paced CD-ROM Course).
Please contact the undersigned with dates and times when training has been scheduled.

LAST NAME

FIRST NAME

NSN

SUPERVISOR'S NAME
TITLE
ORGANIZATION

ATTACHMENT 5